

CITY OF TIPP CITY

RESIDENT INCOME TAX QUESTIONNAIRE

PLEASE COMPLETE ALL ITEMS AND RETURN THE QUESTIONNAIRE TO:
TIPP CITY DEPARTMENT OF TAXATION, 260 S. GARBER DR., TIPP CITY, OH 45371-3116

VOICE (937) 667-8426
FAX (937) 667-5816

NAME _____ SPOUSE'S/COMPANION'S NAME _____

SOCIAL SECURITY # (YOURSELF) _____ - _____ - _____

SOCIAL SECURITY # (SPOUSE/COMPANION) _____ - _____ - _____

CURRENT ADDRESS _____ DATE MOVED IN _____

FORMER ADDRESS _____

PHONE (HOME) _____ PHONE (WORK) _____

E-MAIL ADDRESS _____

OTHERS IN HOUSEHOLD _____ AGE _____ SS# _____ - _____ - _____

_____ AGE _____ SS# _____ - _____ - _____

OCCUPATION _____ SPOUSE'S/COMPANION'S OCCUPATION _____

ARE YOU SELF EMPLOYED? YES _____ NO _____ ARE YOU SELF EMPLOYED? YES _____ NO _____

EMPLOYER _____ SPOUSE'S/COMPANION'S EMPLOYER _____

ADDRESS _____ ADDRESS _____

(PLEASE INDICATE ACTUAL LOCATION OF EMPLOYMENT, NOT NECESSARILY HOME OFFICE)

IF RETIRED, INDICATE DATE OF RETIREMENT _____

DO YOU HAVE RENTAL INCOME? YES _____ NO _____

LOCATION OF RENTAL PROPERTY _____

DO YOU HAVE OTHER INCOME? (GAMBLING WINNINGS, S-CORP, PTR, LLC, LLP) YES _____ NO _____

LIST SOURCE OF OTHER INCOME _____

DO YOU PAY INCOME TAX TO ANY CITY OTHER THAN TIPP CITY? YES _____ NO _____

GIVE NAME OF CITY/CITIES TO WHICH TAXES ARE PAID _____

SIGNATURE

DATE

SIGNATURE

DATE